



**DENTAL BOARD OF CALIFORNIA**  
1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241  
TELEPHONE: (916) 263-2300  
FAX: (916) 263-2140



## **DIVERSION EVALUATION COMMITTEE APPLICATION**

(This form is a public record, but subject to the protection of the Information Practices Act)

**PLEASE PRINT OR TYPE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONES (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL \_\_\_\_\_

Category for which you are applying:

Dentist \_\_\_\_\_ Dental Auxiliary \_\_\_\_\_ Physician/Psychologist \_\_\_\_\_ Public Member \_\_\_\_\_

Committee you wish to be on: Northern DEC \_\_\_\_\_ Southern DEC \_\_\_\_\_

California License Number: \_\_\_\_\_ SSN \_\_\_\_\_  
(except for public member applicants)

**In the space below, briefly summarize your professional, educational, and/or personal experience which documents your expertise:**

**In the space below, give your philosophical beliefs relative to the treatment of chemical dependency.**

**I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES, TIME COMMITMENTS, AND REIMBURSEMENT OF DIVERSION EVALUATION COMMITTEE MEMBERS.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT COMPLETED APPLICATION AND RESUME TO:**

**Karen Davies  
Dental Board of California  
1432 Howe Street, Suite 85  
Sacramento, CA 95825 –3241**

#### **INFORMATION COLLECTION AND ACCESS**

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals. Agency name: Dental Board of California, 1432 Howe Avenue, Suite 85, Sacramento, CA 95825; Telephone: (916) 263-2300. The official responsible for information maintenance is the Executive Officer. The authority which authorizes the maintenance of the information is the Business and Professions Code and Pub. L. 94-455 (42 U.S.C.A. 405(c)(2) (C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare & Institutions Code. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. Failure to provide all or any part of the requested information will result in the application being rejected as incomplete. The principal purpose(s) for which information is to be used is to determine eligibility. Any known or foreseeable interagency or intergovernmental transfer which may be made of the information, when necessary, is to other federal, state, and local law enforcement agencies. Each individual has the right to review the files or records maintained on them by the agency, except for information exempt from disclosure pursuant to Section 6254 of the Government Code or Section 1798.40 of the Civil Code.